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Addiction Research Foundation
of Ontario
The first twenty years

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THE FIRST TWENTY YEARS

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ISTORICAL ROOTS DATE BACK OVER HALF CENTURY

Well before stone age man started crafting his own beer jugs the use of alcohol had already gained a foothold in society. It provided comfort and pleasure but, as man was soon to find, it also bore the potential for much harm.

To control the misuse that led to this harm man most often turned to laws, seeking powers to punish the abuser, even prohibit use. Sometimes these laws worked, most often they didn't.

Yet it wasn't until modern times that man went beyond legal measures in attempting to reduce this waste of human resources, in developing organized methods of helping and treating the victims of abuse.

This "therapeutic" concern began to gain acceptance in some European countries at the end of the 19th century and was very quickly reflected in North American attitudes.

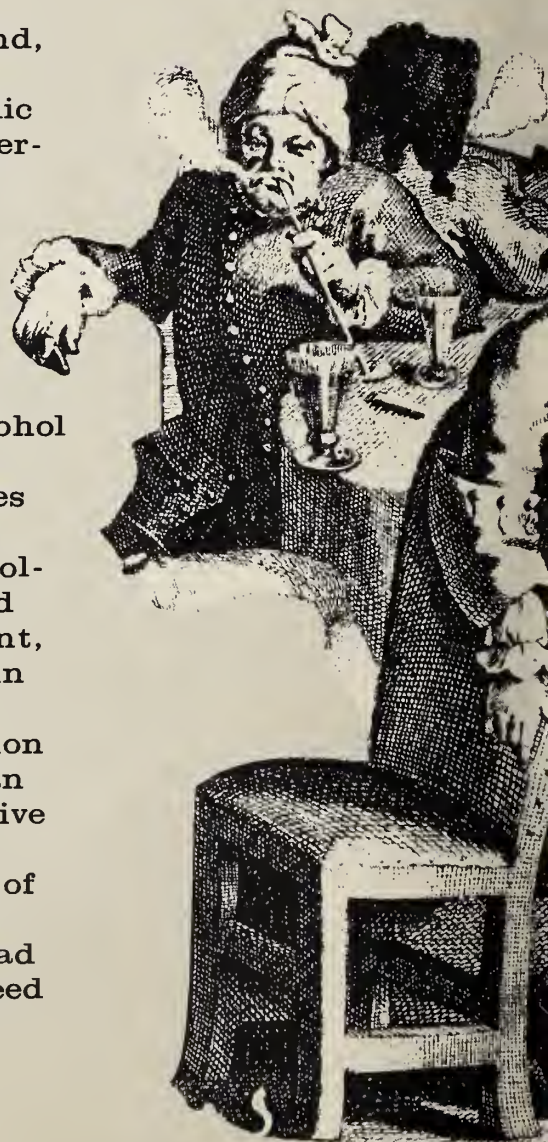
In 1902 a committee of influential citizens started the Ontario Society for the Reformation of Inebriates with the conviction that "alcoholism was a disease for which justice, without the helping hand, was no cure."

In the half century to follow, help for the alcoholic became a respectable and resounding plea: temperance groups across the province demanded that "something be done" for the alcoholic, Alcoholics Anonymous sought government help in getting hospital facilities for its members, and even the main distributor and seller of alcoholic beverages, the Liquor Control Board of Ontario, became active in studying the means of treating and rehabilitating the growing thousands for whom alcohol was more hazard than joy.

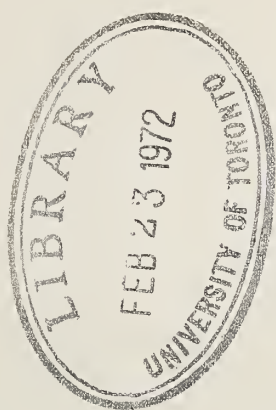
As disparate as these voices were over the expanses of time, they did make their impression. In 1949 the government of Ontario established the Alcoholism Research Foundation which was to be funded by government and dedicated to guiding treatment, research and subsequently preventive education in a province-wide program against alcoholism.

Though the creation and growth of the Foundation was the work of many people, its development can best be traced through the activities of its executive director, H. David Archibald.

As a young social work lecturer at the University of Toronto, and as a member of the National Committee on Mental Hygiene, H. David Archibald had many opportunities in 1947 to speak out on the need for extensive research into the use of alcohol. He used every one of these opportunities, and ultimately his message hit home.



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CENTRE OF CRIMINOLOGY
LIBRARY

Alcohol, a comfort and pleasure,
bore potential for much harm.



H. David Archibald, appointed executive director in 1949, led ARF's growth through the 50's and 60's. A stop en route was this house on Harbord St., Toronto, providing treatment, research and education facilities.



An enthusiastic press and radio response exposed Mr. Archibald's call for action to men in positions of power. One of these was Major The Reverend John Foote, V.C., a well-known member of the Ontario Legislature and Vice-Chairman of the Liquor Control Board of Ontario.

Major Foote induced Mr. Archibald to join the LCBO as Director of Research, where his main priority was to identify the size of the alcoholism problem in Ontario and develop a system of research grants to universities.

But Mr. Archibald soon realized that if an effective job was to be done in fighting alcoholism across the province it would require a more flexible, broadly based organization, independent of liquor interests. With Major Foote's support, Mr. Archibald began working for establishment of just such an organization. To sell the idea, they led a delegation from public, professional and private sectors in Ontario to the Yale School of Alcohol Studies, in Hartford, Connecticut, where a Commission on Alcoholism was also operating treatment centres. The combined operation, which had already attracted world-wide attention, so impressed the delegates that they returned to Ontario recommending a similar program.

As a result, the legislation founding the Alcoholism Research Foundation was passed in the 1949 session and Mr. Archibald was appointed as its executive director.

In 1951, the Alcoholism Research Foundation moved into its first permanent home, at 28 Avenue Road, Toronto.

Bill 173 empowered the Foundation to conduct, promote and direct programs of research into alcoholism, treatment and rehabilitation of alcoholics. To achieve this, it could operate its own hospitals, treatment or consultation centres, and it could support other institutions.

So it would remain independent and would not become totally identified with either the government or universities, the Foundation had its own board of trustees – representatives from the business and professional communities appointed by the Lieutenant Governor in Council. This group, now known as Members of the Foundation, establishes all Foundation policies.

A Professional Advisory Board is responsible for technical advice relating to scientific development and professional programs.

EARLY DEVELOPMENT

Treatment program started

As its first alcoholic convalescent treatment unit, the Foundation took over Brookside Hospital in Erindale, 20 miles west of Toronto, which had been operated by Alcoholics Anonymous assisted by the faculty of Medicine at the University of Toronto. In addition, it arranged for acute treatment beds in two Toronto general hospitals, and set up an out-patient clinic to handle referrals from Brookside as well as other health and social agencies.

Then when the Foundation moved to a newer and



larger home on Bedford Road, Toronto, it sold Brookside Hospital, replacing it with a 15-bed unit at the new location – under the same roof as the outpatient unit, the research group, and the administrative headquarters. Despite these limited facilities, service was provided to over 500 alcoholics in the first year of operation.

Research program started

Early research efforts were primarily concerned with grants to universities for the investigation of specific lines of inquiry. The first of these went to Queen's University (for study of alcoholism in a representative county), the University of Western Ontario (relationship between alcoholism and liver disease), and the University of Toronto (comparison of cultural and social drinking habits). As the need arose for a more broadly-based research effort, a formal research department was started emphasizing intramural work.

Education program developed

By 1953, with some findings emerging from research efforts, the need for an educational program, based on scientific validity, became obvious. The one guiding principle which was adopted then and is still pre-eminent was:

"We felt that any information available to us should be available to the community. We were interested in public education, not propaganda. We were quite prepared to be candid about the things we did not know."

Expansion through the province

Even in the earliest days, over 25% of patients treated in Toronto facilities were from other communities, so the need to extend services throughout the province received high priority.

In April 1954, the Foundation's first branch office opened in London to serve as an information centre. But the demand for treatment facilities became so acute that an outpatient service was quickly established.

The Ottawa branch was opened in late 1954 with its own locally-appointed Board of Trustees, emphasizing community relations and education.



In Hamilton, the work of a special citizen's committee interested in alcoholism treatment led to the establishment of a Metropolitan Hamilton Branch in 1958.

In September 1962, the Lakehead region was formed in a suite of offices near McKellar General Hospital in Fort William. A clear picture of the balance between treatment, education and research was now being revealed.

Treatment centres and outlets for information and education started to spread to more distant areas of the province.

By the end of 1959, the emphasis on intramural research had resulted in over 100 projects started in fields of pharmacology, anthropology, sociology, psychology, biology and treatment methods.

The education division had become established as a teaching centre for physicians, social workers, nurses and other professional groups. In just over five years, education staff had met more than 1,000 community groups and distributed over half a million pieces of original literature produced on the basis of research findings and treatment experience. It had also participated in producing a number of motion pictures based on alcoholism.

The chemical age

With the beginning of a new decade, a new challenge faced the Alcoholism Research Foundation. The phenomenon of narcotic and other drug use was making its impact on a disturbed society . . .

10,000 alcoholics jammed Maple Leaf Gardens in 1965 for 30th World Conference of Alcoholics Anonymous.



As a result, in 1961, legislation was broadened to include substances other than alcohol and the name of the Foundation was extended to the Alcoholism and Drug Addiction Research Foundation.

In Toronto, treatment of narcotic addicts began at the Outpatient Clinic in January 1964. This was followed by such rapid expansion of facilities for both alcohol and drug-oriented problems that a separate Metropolitan Toronto Region was formed in 1968. This allowed most clinical and all community operations in the Metropolitan area to be placed under a regional director, leaving the central core of education and research staff to apply themselves to the needs of the province as a whole.

In the meantime a Mid-Western Region, with headquarters in Kitchener-Waterloo, and a St. Clair Region with headquarters in Windsor were both started in 1966.

A Niagara Regional centre was opened in St. Catharines in 1967, a Northeastern Ontario Region with headquarters in Sudbury was opened in 1965, and the opening of offices in Timmins, North Bay, Sault Ste. Marie, Orillia and Kenora led to incorporation of all A.R.F. Northern Services under the Northern Programs Region in 1968.

The challenge

By the end of the sixties there were, in Ontario, over 125,000 alcoholics and an equal number of people who drink hazardous amounts of alcohol (the equivalent of eight ounces daily).

Prescription drug studies done by the Foundation had shown that in Metropolitan Toronto an average of one prescription for mood-modifying drug is issued to each adult each year.

School drug studies in London, Toronto, Niagara and other communities indicated substantial increases in the use of illicit drugs by youngsters, in some cases tripling over a two-year period.

Simultaneously, illicit street traffic in drugs, many contaminated by dangerous elements, was increasing and demanding more constant surveillance.

More and more people, young and old, were looking upon drug use as a natural part of life.

With such a picture emerging, it became obvious that the Foundation had further proof that it alone could not provide all necessary services, education or treatment programs for a province with over seven million people. A greater share of responsibility had to be accepted by public health agencies, hospitals, clinics and social agencies - all of whom might be guided by the experience Foundation personnel had accumulated over the years.

It was clear that the Foundation could best serve by concentrating on its (research and educational role,) using its treatment resources as outstanding models to test new methods and to provide training of professional staff.

As it now moves into its third decade, the Foundation has found itself in a new, more critical role in society - that of a community catalyst, a "scientific conscience," a participant in an organized network of social services.



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HE FOUNDATION TODAY BRINGS TOGETHER PEOPLE FROM ALL WALKS OF LIFE FOR A COMMON PURPOSE

One of the most striking features of the Addiction Research Foundation is the diversity of its personnel – physicians, nurses, educators, social workers, psychologists, scientists, clergymen, community workers, artists, administrators.

When the Foundation began operations in 1951, it would have been impossible to visualize such an array of skills mobilized to combat the threat of alcohol dependence.

From its inception, the Foundation believed that nibbling away at the fringes of the problem of dependence, or reacting only to its most overt symptoms, could provide nothing but fleeting success, if that. Instead, it realized the need to develop community awareness of the root causes of these problems.

In some communities the staff is necessarily large.

In others, one staff person must wear many hats. He must be counsellor to teachers, parents, physicians. He must be liaison with youth groups, with media, with the local hospitals or with other available health and social services.

Local autonomy has always been a key feature in the organizational structure of the Foundation. No two regions are necessarily operated in exactly the same way. Some are medically-oriented, some are more concerned with developing social services within the community.

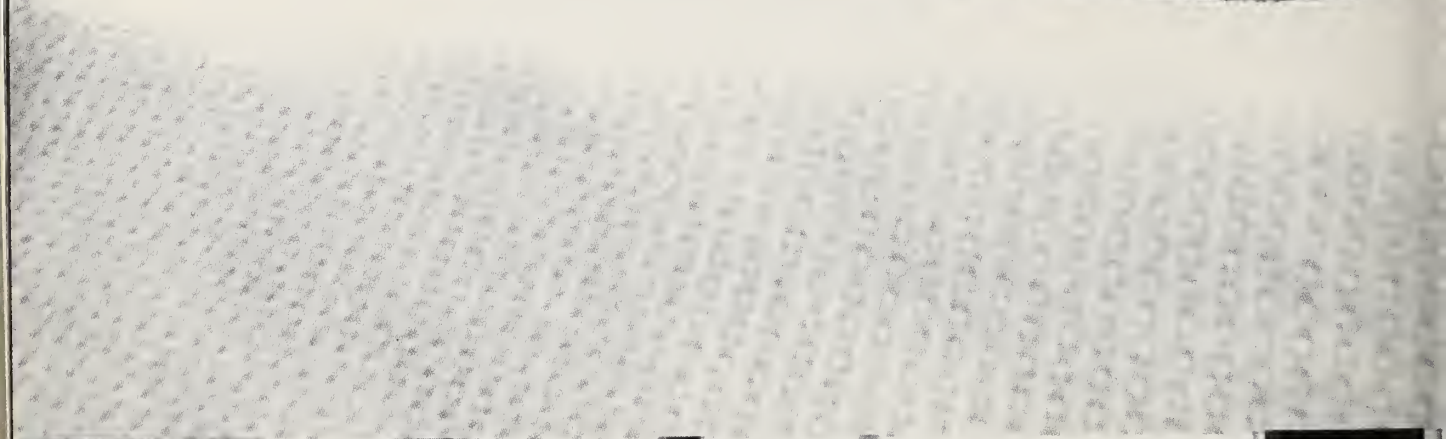
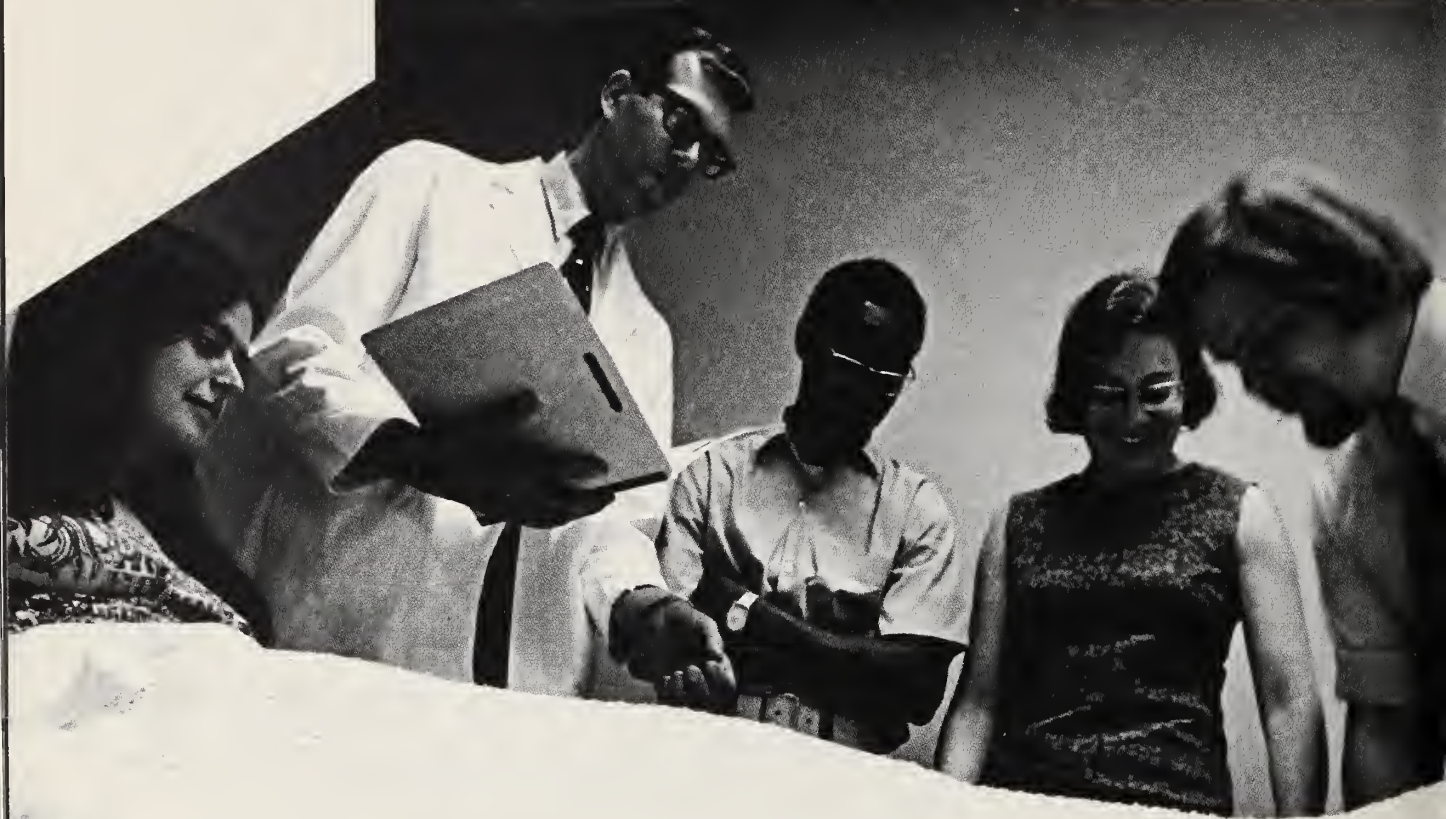
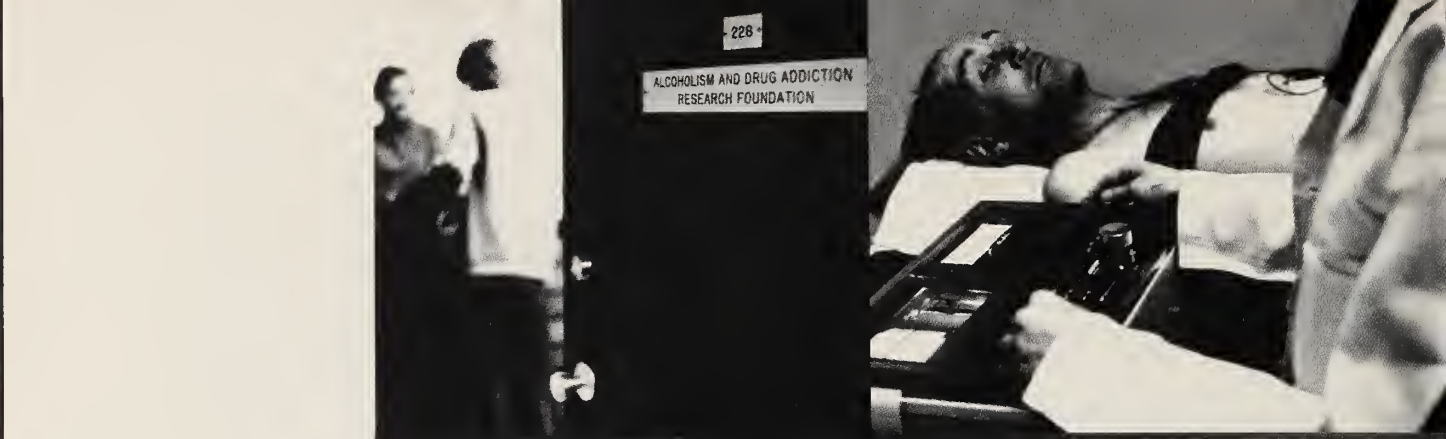
The problem of increasing drug use by young people in urban areas, for example, demands a far different approach from the problem of alcohol use among Indian people on and off the reservation in the Kenora area.

To tie all regional services together, to give them all equal access to the latest advances, scientific information and educational materials, the core of central services in Toronto has become increasingly sophisticated.

The scientist has expanded his investigations into the most diverse areas, studying the latest trends of modern drug use. The specialist in education has grown accustomed to the newest of communication techniques – the use of graphic artists for innovative educational materials, the guidance of specialists in television and film production in the Foundation's own production studios.

ARF growth is symbolized through the diversity of its personnel, ranging from physicians to youth workers, scientists to clergymen.





Treatment

Following is a description of the types of facilities used by Foundation personnel for treatment of individuals with problems related to either alcohol or other drug problems. In this respect, treatment is a broad term and goes far beyond the traditional interpretation of hospital wards and outpatient clinics.

Footnote:

Not all the following types of units, in the terms described, are available in all regions. There are, however, variations according to needs of the particular community. Certainly there are enough options available in most communities that anyone concerned about alcohol or drugs is best advised to contact the nearest office of the Addiction Research Foundation.

A complete list of A.R.F. Centres across the Province is available on the inside back cover. ✓

Detoxication is often the first point at which an individual with an alcohol problem is brought into contact with available community services. Detoxication simply means "drying out" and usually involves getting the individual off the street and supporting him with accommodation and food until he can get back on his feet again.

The Foundation has studied this kind of facility intensively, and detoxication services of some kind are operated in most regions. In some cases they are run solely by the Foundation, in others they are supported by Foundation staff or money and may be run by other community agencies.

Based on Foundation recommendations the Ontario Government announced in 1971 a major program of detoxication calling for a series of centres to be established across the province by 1974.

The corollary of this service in the field of drug abuse is the **Crisis Intervention Centre**, originally a place where a drug emergency or a bad trip was cared for. Recent experience has shown that these centres can now offer a wide range of youth counselling, in addition to crisis intervention per se. In many cases young patients reject hospitals and want treatment by their own kind, by people who can relate to them and who don't represent "the establishment". Foundation pilot projects clearly show that the vast majority of emergency drug cases can in fact best be treated by compassionate volunteers. Only a very few cases of such drug emergency go beyond the need for "talking down" to require medical help.

These units are often located in old houses or mobile trailers. They may have a small staff of volunteers capable of offering counsel and information about drugs, and they usually have an arrangement with a

The treatment program at ARF goes beyond direct patient care to incorporate training of professionals based on results from experimental units.

nearby hospital so that medical emergencies can be referred immediately.

Some Foundation units are now investigating the value of long-term residential care so that people who have suffered emergencies can live in for a period of time with the support of counselling and rehabilitative services.

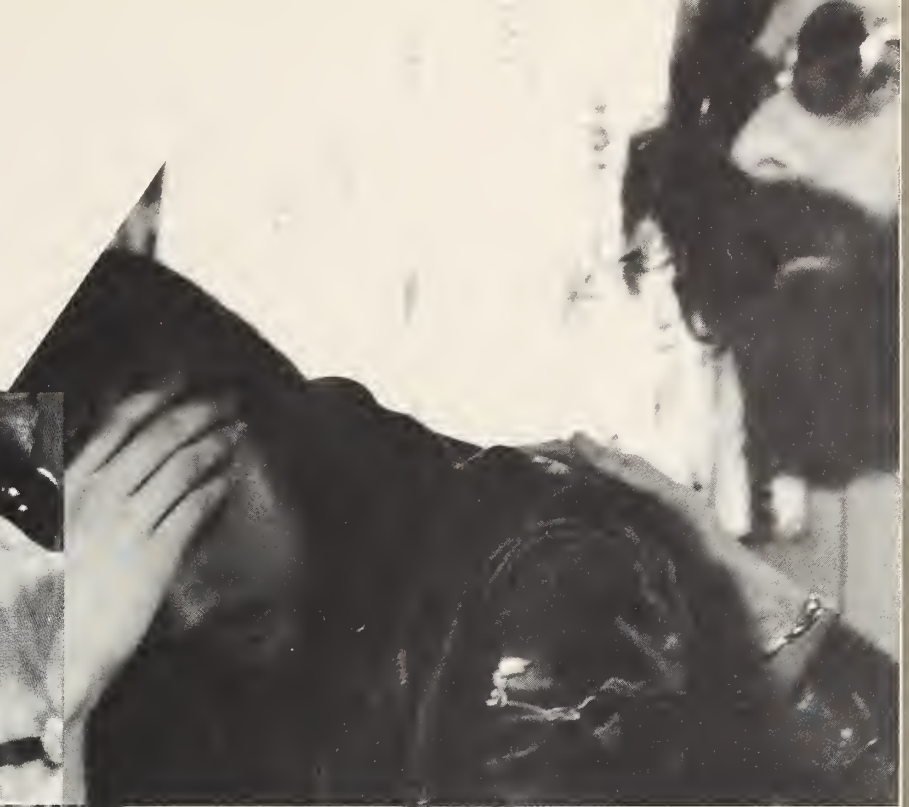
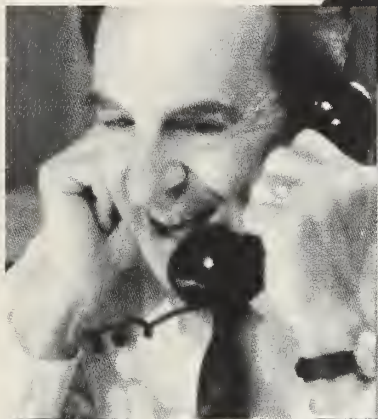
Clinical services include the more orthodox out-patient or in-hospital treatment for individuals whose use of alcohol or drugs requires some intermediate or long-term treatment. Usually these are people who are suffering from some physical disease or psychological disturbance resulting from their drug or alcohol use. Treatment can consist of individual counselling, group therapy, medication or medical care in a hospital ward. Throughout the province the Foundation has sought, with some success, to involve both general and psychiatric hospitals in this treatment process by establishing special units for patients with drug-related problems.

In some cases, Foundation medical personnel staff these units, in others they provide support through consultation or staff training. In others, the Foundation provides financial aid to maintain the unit.

The new Institute for the Study of Addiction in Toronto, a 100-bed teaching hospital will provide a focus for professionals studying treatment methods in

Unorthodox treatment programs include detoxication services for problem drinkers and crisis centres for drug-hurt youth.







Youth involvement centres and half way houses are now a viable part of community services throughout the province.

the field of alcohol and drug dependency. As well as implementing research to delve more deeply into ways of providing treatment, it will serve as a model for other hospitals across the province.

The Halfway House has become one of the most successful means of helping the alcoholic re-enter society. Most Foundation regions are involved in half-way house operations, whether supporting them totally or running them in co-operation with other community agencies.

The halfway house provides accommodation for the alcoholic in a milieu where he can freely communicate with others who through their own experiences can understand and relate to his position. It provides him moral support while he gradually re-enters the community, looking for work, re-establishing himself.

Youth Involvement Centres are now a viable part of community services throughout the province. These are places where young people can meet, talk about their anxieties, and where they can develop interests and relationships that might serve as alternatives to drug use.

A **24-Hour Telephone Service**, sometimes connected to **Youth Centres** can provide immediate





The counsellor must recognize his patient's need before connecting that need to the appropriate service.



information about drugs or their use to anxious young people or adults. This kind of service depends for its success on people who can identify with the caller and who know where he can get help when he needs it – whether a hospital or some other less-structured facility.

The value of the **24-Hour Telephone Service** is being demonstrated in several Foundation regions.

Counselling is perhaps the most adaptable element in the treatment process since it must vary with each individual patient. Each regional unit in the Foundation is deeply involved in supporting the alcoholic or drug user who is not in any of the formal treatment programs.

Each social worker, each community consultant or psychologist has often been confronted with the call of a wife, a husband or a relative asking for help in “doing something” about some member of his family or friend with an alcohol or drug problem. In some cases this necessitates getting the person into some program, such as group therapy, asking for help from Alcoholics Anonymous or seeking admission to hospital. It may also mean changing something in the family structure, or seeking help from the patient’s employer.

The counsellor must be able to recognize what his patient needs and then be able to connect that need to the appropriate service.

Innovative Programs serve as models which the Foundation can study to determine effectiveness of new techniques. One example of this is a self-sustaining farm at which long-term (six to nine months) treatment is provided for alcoholics.

Bon Accord provides residential quarters and employment facilities at an actual farm near Elora. The patients work on the farm, in the workshop, in the community, producing goods and services that they themselves market.

They maintain discipline over each other, earn money for their efforts through their sales, and hope in time to make Bon Accord a self-sufficient enterprise.

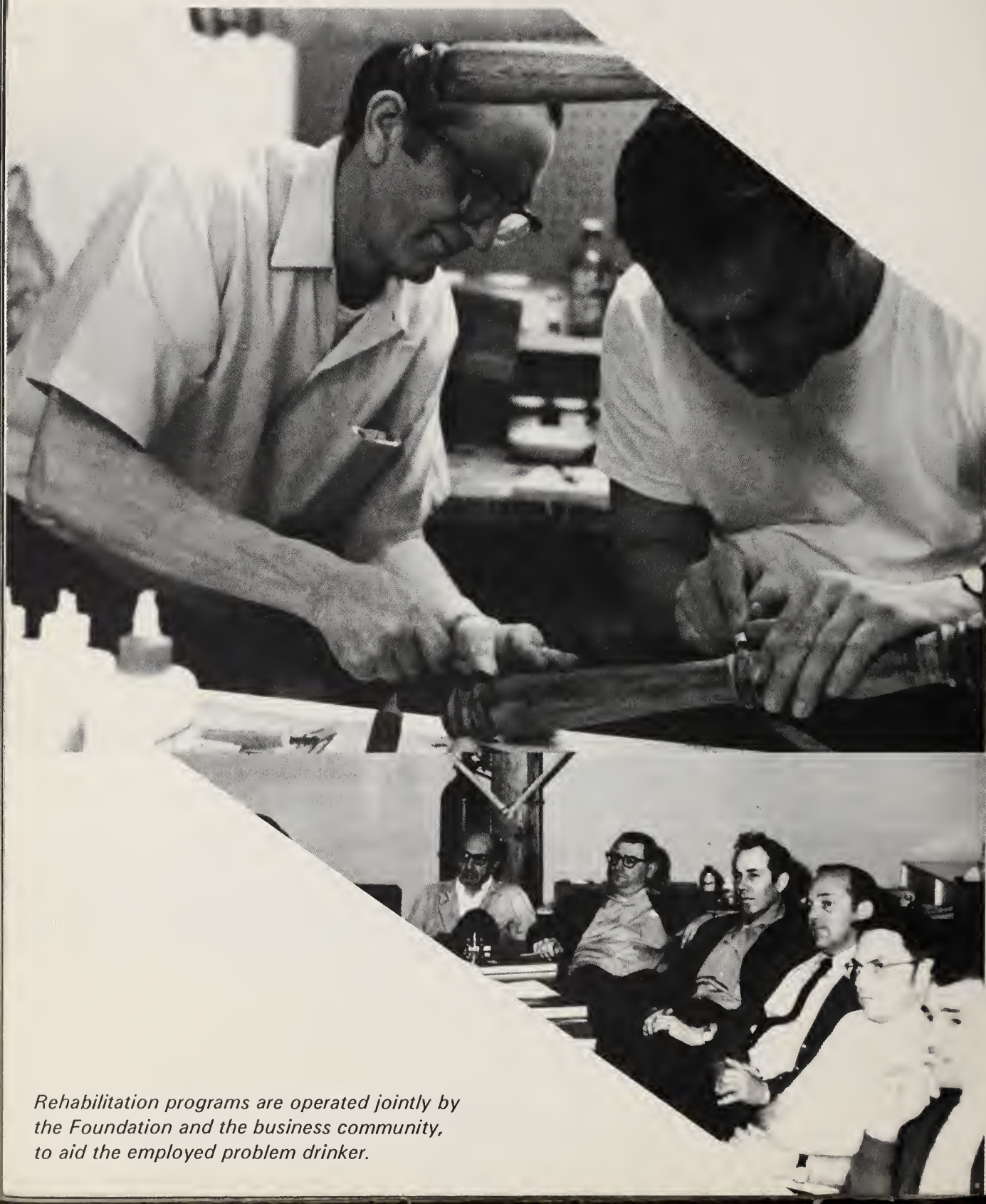
Another example of an innovative program is one run by Northern Programs for inmates of the Monteith Industrial Farm near Timmins.

In co-operation with Northeastern Psychiatric Hospital and the Monteith administration, an experimental day care treatment program to assist rehabilitation of prisoners convicted of offenses involving alcohol or drugs, is underway. The hospital atmosphere is substantially different from the inmates’ usual surroundings. There are no guards or locked doors and participants change from prison garb to casual clothes on arrival. The treatment consists of intensive group therapy, seminars, based on a belief that self knowledge and self reliance are the keys to self control in avoiding drug misuse.

Constructive Coercion is both an educational concept and a method of providing help for the individual who has an alcohol problem, needs help but who is still employed. The pilot project is run at 8 MAY STREET, Toronto. It provides both residential and outpatient services for patients who at their employers' request are enrolled in the program.

A full spectrum of services is available: individual counselling, group therapy, family consultation, medication, recreation.

The program is run in cooperation with business or industrial firms who agree to institute in-plant education programs. Training seminars for management and organized labour are provided as part of the Foundation's service to industry.



Rehabilitation programs are operated jointly by the Foundation and the business community, to aid the employed problem drinker.

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**RANTS TO SCIENTISTS,
TEACHING CENTRES AND
INNOVATIVE SOCIAL
SERVICES FORM AN INTEGRAL
PART OF ARF PROGRAM**



One of the major aspects of the Foundation's activities throughout the year is financial support of programs of research, investigation, training and treatment facilities. Between 1951 and 1971, the Foundation dispensed a total of \$1,313,622 to scientists in major teaching centres in the province and in the form of research fellowships to allow graduate students to work in the field of drug dependency.

By way of stimulating other social agencies to establish service and rehabilitative facilities in their own communities, the Foundation began a grants-in-aid program in 1953. By 1971, a total of \$1,331,439 had been provided for this purpose.

In addition, sustaining grants for investigation work have been allocated to the Department of Pharmacology, University of Toronto (\$1,041,537 between 1959 and 1971) and to the Department of Pharmacology, Queen's University (\$529,650 between 1964 and 1971).

In total, the Foundation had provided, by the end of 1971, a total of \$4,216,248 in grants.



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**RUSSELL STREET, TORONTO
INCORPORATES THE INSTITUTE
FOR THE STUDY OF ADDICTION,
A 100-BED TEACHING HOSPITAL**

The core of the Foundation's clinical activities is the Institute for the Study of Addiction, which shares the Foundation's headquarters building in downtown Toronto.

Designated as an area for clinical research and patient care, the Institute is a 100-bed teaching hospital affiliated with the University of Toronto.

Its general purpose is the development of an integrated program of treatment, research and professional training related to alcohol and other drug problems. Referrals to the Institute are made by general hospitals, physicians, psychiatric hospitals, A.R.F. units, and other community services.

Patient care stresses the multidisciplinary approach, offering treatment to the "whole man" through medical, psychiatric, social and psychological service. As a key part of the province-wide network of health services, the Institute carries a major responsibility for advising government on treatment programs.

New ARF headquarters complex at 33 Russell Street in Toronto houses 100-bed research and teaching hospital.

Animal research plays an important role in determining the effects of alcohol and other drugs.

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ESearch IS THE CORNERSTONE OF FOUNDATION TREATMENT AND COMMUNICATION PROGRAMS

If there is any single factor common to all operations of the Foundation it is a respect for science as a basis for treatment and education.

The research program started as soon as the Foundation became operative through a series of grants for universities. By 1954 a formal research department was set up to guide the growth of "in house" studies.

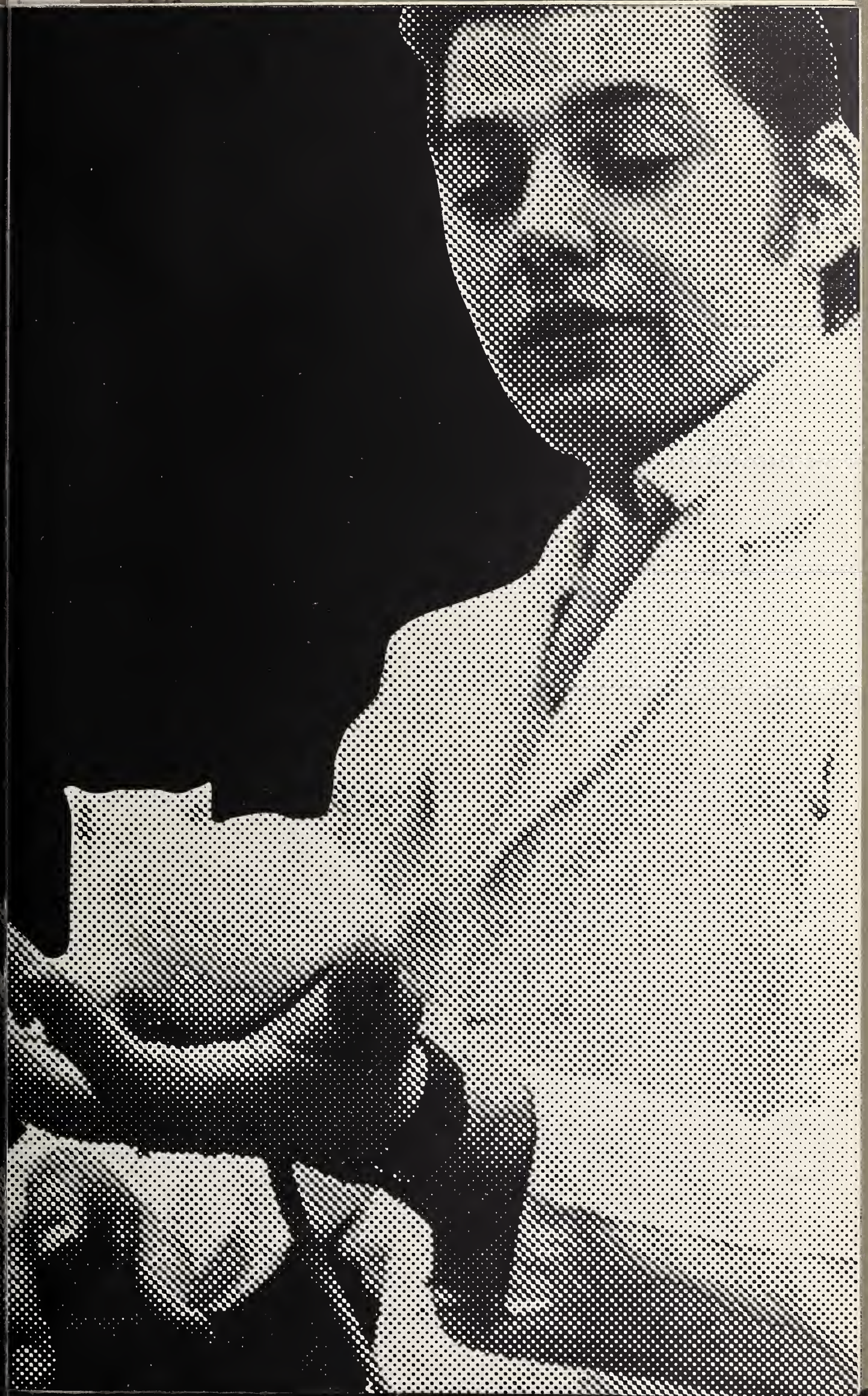
By 1959 this department had already undertaken approximately 100 separate projects and published a large number of papers in the scientific literature.

This work included a comprehensive picture of the size of the alcohol problem, it established a range of occupation classifications of alcoholics, traced the development of alcoholism, developed and tested several new treatment techniques and devised a new drug Temposil (citrated calcium carbimide) now being used in many treatment centres around the world.

With the advent of the 1960's the research department, which had expanded its terms of reference to include drugs other than alcohol, had grown to include the principal medical and biological sciences, clinical and experimental psychology, psychiatry, social work and social sciences.

The research program is supported in three different ways:

- The major portion is done intramurally by scientists working exclusively for the Foundation, or having cross-appointments with universities.
- Annual grants are made to universities or hospital staffs for specific investigations.
- Contracts are arranged with universities to sponsor continuing programs of research in particularly relevant areas. At present there are two such arrangements: A Research Unit in the Department of





Research investigations are conducted both internally and through grants to Ontario universities.

Pharmacology at the University of Toronto, and the Addiction Studies Unit in the Department of Psychiatry at Queen's University. Following are some of the general lines of investigation conducted by staff of these departments. A complete, detailed report would include hundreds of specific projects and obviously can't be covered here. A more complete review of Research Activities is available from The Secretary, Research Division, Addiction Research Foundation, 33 Russell Street, Toronto 179.

BIOLOGICAL STUDIES

The major goal of investigation in this department, much of which is carried out in the Addiction Research Unit of the Department of Pharmacology at the University of Toronto is understanding the mechanisms leading to tolerance and physical dependence. (A person is considered dependent on a drug when he has an intense craving or compelling need for it. Tolerance is revealed by the need for increasing amounts of a drug to get the desired effect.) This work has revealed much about the fundamental biochemical and physiological changes in the brain which may be responsible for development of tolerance and dependence. Work is also continuing—in development of a blood test to diagnose the degree of dependence on drugs; in understanding the effects of multi-drug use (such as alcohol and tranquilizers) by the same person at the same time; in determining the role of drugs in motor vehicle accidents; and the way in which tetrahydrocannabinol (THC – the active ingredient in marijuana) is handled by the body.

PSYCHOLOGICAL STUDIES

This work is largely experimental in character and is done mainly in animals. Much of this involves finding the specific effects of given doses of alcohol and other drugs and tracing the development of tolerance and dependence.

A number of projects are devoted to investigating the behavioral effects of the hallucinogenic drugs – especially cannabis preparations.

Other lines of investigation, some involving human subjects, include:

- finding the specific sites and modes of action of hallucinogens on the brain, and developing better techniques for diagnosing damage.
- The effects of marijuana on such social variables as work habits, recreational activities and aggressive behavior, and assessing the intellectual, personal and social characteristics of patients.
- Analyzing drugs circulating on the illicit market.

SOCIAL AND EPIDEMIOLOGICAL RESEARCH

This is largely concerned with the mass aspects of alcohol and other drug use. Investigations tend to emphasize the statistical factors rather than take an experimental approach. These studies are directed to determining the kinds of drugs being used, the numbers using them and the social factors influencing their use. The most fruitful line of research in this field has been defining what proportions of the population use certain amounts of alcohol and how social drinking patterns affect the growth of alcoholism. Defining the degree of drug usage among large numbers of high school students showed in the period 1968 to 1970 the percentage who reported use of psychoactive substances (10 drugs were studied including alcohol and tobacco) rose from 20% to 26% and reported marijuana use jumped from 6.7% to 18.3%.

EVALUATION STUDIES

The purpose of this department is to determine the effectiveness of various methods of treating or preventing alcohol and other drug problems, and assessing research methodologies. Much of the current work takes the form of follow-up studies on patients who have gone through various programs.

Such studies are underway at most Foundation clinical units, their purpose being to compare the success of different treatment regimens. Hopefully this will provide a rational basis upon which to match patient and therapy and thereby increase the probability of successful treatment.

One example of a program under evaluation is the Narcotic Addiction Unit.

In 1964 the Foundation started admitting narcotics addicts to the outpatient clinic. Eventually this developed into a program of its own and became known as the Narcotic Addiction Unit. With the increased concern about the value of the drug methadone in the treatment of narcotics addicts this unit was given a research function and reorganized as a pilot study into the use of methadone on groups of selected patients.

This department is also actively involved in assessing existing innovative youth service in Toronto and other centres and helping in the planning of experimental projects.

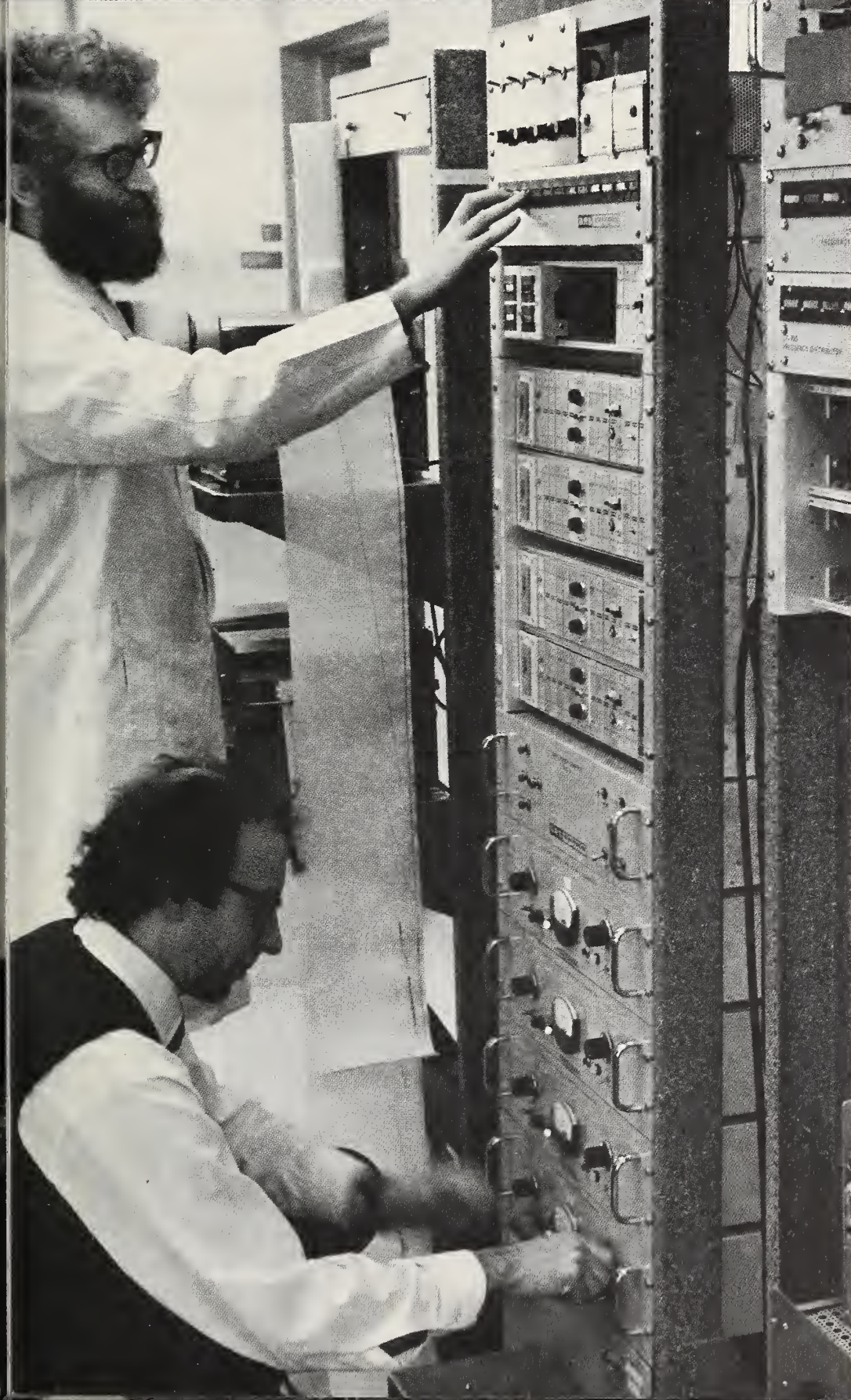
DOCUMENTATION

The Foundation maintains an extensive archival and library system which has been integrated into a broad network through which a researcher can communicate the results of his work to colleagues throughout the world.

As part of its contribution to this network the Foundation aims ultimately at documenting the entire scientific literature on non-narcotic psychoactive drugs other than alcohol, as well as a comprehensive reference on narcotic dependency.

In 1958, the Foundation commenced development of a specialized library dealing with all aspects of drug and alcohol dependence. Now boasting more than 5,000 bound volumes and 8,000 reprints, it is one of the finest collections of its kind in the world.

Advanced scientific technology is utilized in all aspects of ARF research investigations.





**COMMUNICATION
OF FACTUAL, BELIEVABLE
AND UNBIASED INFORMATION
IS CRITICAL**

The problems as well as the opportunities of educators have been greatly compounded by the public's exposure to the wonders of the electronic age. The impact of television, the immediacy of satellite transmission, and the sophistication of advertising techniques have propelled education far beyond the era of the textbook and the blackboard.

In moving with this trend the Addiction Research Foundation has developed an imaginative communications program that blends the printed word, the use of film, television, radio, and personal confrontations.

Getting across factual, believable, unbiased information to either adults or young people has never been more critical. As a result, rejection of propaganda, distortion and threat has been the trademark of communication materials developed by the Foundation.

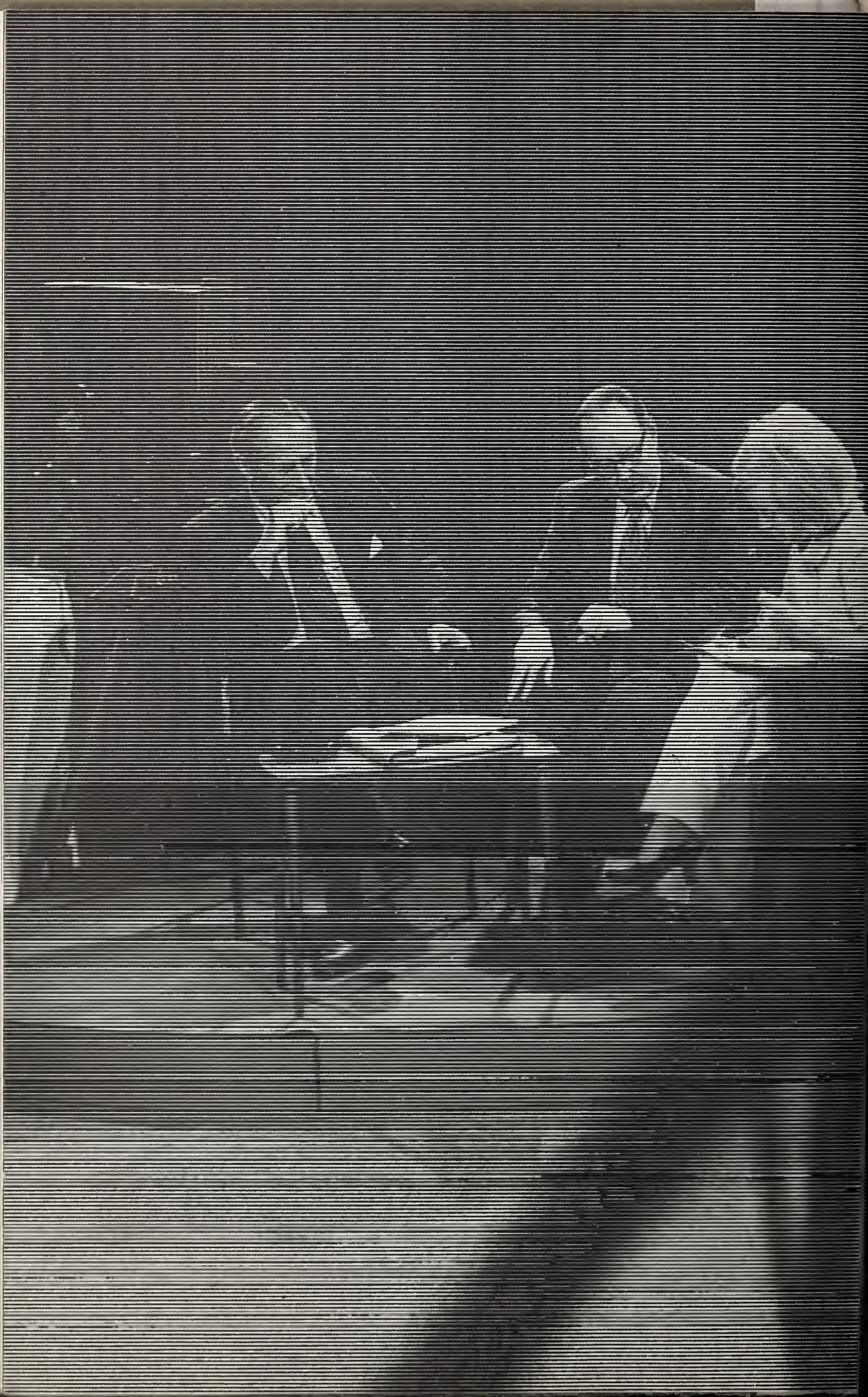
One of the first objectives of staff, when first brought together in 1953, was to influence people in the community to accept their responsibilities in helping the alcoholic – the physician, the nurse, the social worker and the clergy; the next objective was to reach the people who had the problem – the alcoholics; and the third was to get the employer, industrial physician and nurse, and the personnel officer to change their attitudes about alcohol from a moralistic to a public health viewpoint.

The educational program in the 1950's progressed in many directions:

- the first issue of what was later to become the quarterly Addictions, was launched in 1953.
- Other publications in the form of industrial newsletters, pamphlets, and booklets about the signs and effects of alcoholism were prepared for industry, hospitals, young people, families and churches.
- seminars and workshops on alcoholism were held for industrial leaders, newspaper and business publications, editors, social workers, clergy, young people, church groups, the RCAF and others.
 - Guest lecturers were presented to medical and other health workers.
 - Public service broadcasts were prepared for radio networks.
 - Films were prepared in co-operation with such organizations as the National Film Board, J. Arthur Rank, the CBC, and a film loan service was developed initially for nursing and high schools.
 - Relationships with the school system were developed through seminars and workshops for teachers, inspectors, and the publication of various books and pamphlets about alcoholism. The most significant among these publications were the Alcohol Studies Guide and two illustrated comic style booklets for pupils.

Since that time the Foundation's relationship with provincial educational personnel has flourished.





One of the milestones in development of the Foundation educational program was the summer course, begun in 1961. It was based on the summer program at Yale University which was the pre-eminent model for research and education in the field of alcoholism.

The popularity of the Foundation's course has now become so established that two separate courses are held annually at different universities in the province.

With approximately 100 course participants in residence and another 100 attending on a day-to-day schedule, these sessions provide major communities in Ontario with a nucleus of citizens who have some common understanding and appreciation of the relationships between society and the mood-modifying drugs, including alcohol.

THE SEVENTIES

As they move into the seventies, communications personnel are setting new production records: 7 million copies of publications distributed, 23 videotape productions, a widely distributed training film, a slide and sound presentation, sets of radio spot announcements for Ontario stations, newspaper advertisements, network television productions, book publication by Foundation staff, operation of the largest film-lending operation in the province - all in the course of one year.

In addition, communications personnel serve as advisors to film productions by outside companies, assist drug education development in the Ontario colleges of education and in municipal and regional school systems, serve in advisory roles to many other organizations such as the Ontario Home and School Federation, the Council on Drug Abuse, Alcohol and Drug Concerns, as well as industry, unions and civic groups.

Being able to count on this pool of communications resources, and on the guidance of specialists gives the Foundation personnel working throughout the province strong backup support. Community consultants and other professionals creating relationships with school boards, teachers and community service clubs are therefore in a position to provide, in a very tangible way, the most contemporary material, be they fact sheets, handbooks, films or videotape for school and community showing.



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**FOUNDATION
REGIONAL
BOUNDARIES**

NORTHERN PROGRAMS

METRO TORONTO REGION

EASTERN ONTARIO REGION

PLANS ARE UNDERWAY
TO DEVELOP SERVICES IN
THE LAKE ONTARIO REGION

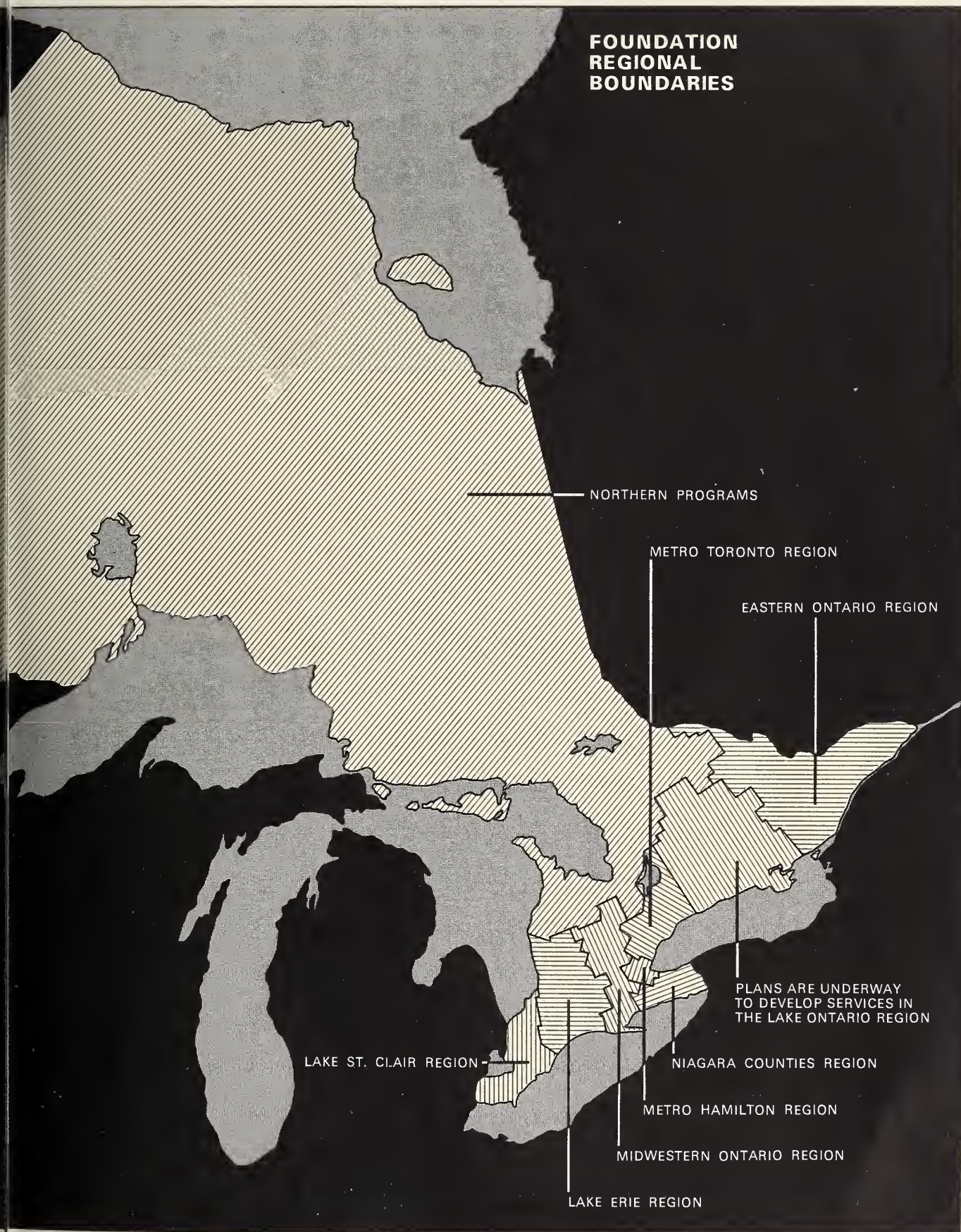
LAKE ST. CLAIR REGION

NIAGARA COUNTIES REGION

METRO HAMILTON REGION

MIDWESTERN ONTARIO REGION

LAKE ERIE REGION



Date Due			
MAR 15 '78			
MAR 2 '78			
MAR 23 '78			
AUG 15 '78			
FEB 26 1979			
OCT 22 1981			
DEC 2 1981			
DEC 15 1981			
MAR 16 1983			
MAY 25 1983			
AUG 29 1984			
OCT 22 1986			
NOV 4 1986			
MAY 08 1989			
JUL 10 1989			
FORM 109			

HV Addiction Research
5303 Foundation of Ontario
A5A45 The first twenty
 years

DATE DUE	BORROWER'S NAME

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A5A45 The first twenty years

Criminol



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